

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/014119**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17	1					
18		1				
19		4				
20		4				
21		4				
22		4				
23		4				
24	1					
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32		1				
33	1					
34		1				
35		1				
36	1					
37		1				
38		1				
39		2				
40		1				
41	1					
42	1					
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.		67				
TOTAL CLAIMS	80					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS